

11 11

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122  
County Registrar No. 387  
Local Registrar No. \_\_\_\_\_

2. Full name of child Francis James Brown  
No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
If birth occurred in a hospital or institution, give its NAME instead of street and number.  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 7, 1924  
Month Day Year

8. FATHER  
Full name Francis James Brown  
9. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state  
10. Color or race White  
11. Age at last birthday 38 (Years)  
12. Birthplace (city or place) Central  
(State or country) Michigan  
13. Occupation Copper Foreman  
Nature of industry Copper Mining  
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

14. MOTHER  
Full maiden name Mabel Leese Tate  
15. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state  
16. Color or race White  
17. Age at last birthday 30 (Years)  
18. Birthplace (city or place) Graham City  
(State or country) Oklahoma  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:20 A m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature F. J. Brown  
(Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed May 31, 1924 P. E. Brown Local Registrar.  
Filed 6-6, 1924 B. J. G. Jones County Registrar.

625-507-435

WRITED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.